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# DATA LINK

**Your link to the Centralized Credentials Database**

To keep you knowledgeable about current and emerging developments within your areas of expertise for the purpose of enhancing your professional development

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**Volume 2 Issue 2**

**Apr 99**

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## **PRIVILEGING TRAINEES ON COMPLETION OF FULL-TIME TRAINING PROGRAM**

CDR G. Irvine

**Important questions  
have been asked  
regarding the Navy's  
policy to privilege all  
trainees upon graduation**

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### **Situation**

Every summer the Navy graduates interns, residents and fellows.

There seems to be an inconsistency between Navy training facilities, and the granting of privileges to newly graduated interns.

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Some training commands grant Operational Medicine and Primary Care Medicine (PCMO) Core privileges to every graduating intern...some do not. There are

the facilities that are not sure what the policy is so...one year they do grant privileges, and the next year they do not. The Navy across the board, needs to be consistent with the policy of granting privileges to newly graduated interns. This will decrease the confusion among our operational and isolated duty commands.

### **The Policy**

Interns must meet the Navy policy for the granting of a Medical Staff appointment with clinical privileges; this includes a current, active State license.

Per the BUMEDINST 6320.66B, Section 2, para 8, the provider must be granted an active staff appointment with clinical privileges as a PCMO (minimum) concurrent with successful completion of a Navy postgraduate training program and licensure (notice the licensure caveat...I will get back to this in a moment).

In the old days a waiver could be obtained regarding this requirement; however, there are



no longer any waivers regarding licensure.

The majority of Navy interns spend their first year(s) with our green and blue operational commands. Within our operational forces, military practitioners are still allowed the 1-year "operational exemption" for licensure. Therefore, a majority of our training commands granted blanket PCMO privileges to all graduating interns, irrespective of licensure status.

We can grant our newly graduated physicians privileges because, per instruction, demonstrated current competence is implicit in successful completion of a Navy post-graduate program. Trainees are monitored and supervised throughout their training programs; therefore, they are considered to be currently competent for PCMO privileges.

Training commands decided to grant PCMO privileges to all graduating interns, irrespective of licensure status, for the following reasons:

- (1) Within the Navy's multi-institutional health care credentials process, a newly graduated physician will not be allowed to practice before a complete credentials and privilege review at the gaining command (in this case, the first command after graduation).
- (2) This credentials review includes licensure status. Even if the physician was granted privileges after graduation, if the

physician does not possess an active license the gaining command will place the provider under a Plan of Supervision (POS) until license is obtained (remember, privileges terminate upon transfer from the training command so a POS is not adverse).

- (3) Since the privileging process starts 3 months before graduation, it is often difficult to keep track of intern's changing orders before graduation. Resources would be wasted trying to figure out who was going where, when, and then have the orders change...again.
- (4) Our training commands support our operational forces by initially granting appointments with PCMO clinical privileges. Because of this practice, our new physicians "hit-the-ground-running" and can be privileged within a short period of time. The training command knows what supplementals the trainee is competent in upon graduation, and grants those supplementals to assist the gaining command. The PAR is the competency proof for the gaining command, and the isolated gaining command does not spend time trying to prove current competency. If our training commands did not follow this practice, there would be inordinate delays within our isolated, operational commands to get providers credentialed and privileged, and the Navy

would not be able to meet  
it's operational  
requirements.

**So...what is a PAC to do with  
the newly graduated  
unlicensed physician?**

**CONUS/Hospital/Dental Based**

- (1) The physician cannot practice independently, with privileges, until the license is obtained.
- (2) You will place the physician under a POS.
- (3) When licensure is obtained, and primary source verified (PSV), the provider can be granted an Active Staff Appointment with clinical privileges.

**OCONUS/Medical/Dental  
Operational Based**

- (1) Newly graduated physician interns are under the licensure Operational Exemption (this is not a waiver) due to expire one-year **and** one-day after their intern graduation date.
- (2) The command can grant them an Active Staff Appointment with clinical privileges based on the privileges granted by the training command.
- (3) If licensure is not obtained by the one-year and one-day after graduation date, a plan of supervision (POS) is initiated.

**So...what is a CONUS PAC to do when the training side of the command has granted an unlicensed intern an Appointment with privileges and the intern is staying at the training command?**

- (1) When that intern reports to the PAC, the command through the PAC will place the intern under a POS until licensure is obtained.
- (2) Additionally, a memo for the record (MOR) can be placed in the provider's ICF stating the Appointment with privileges were granted in error (no license) and will be administratively rescinded.
- (3) When license is obtained and PSV'd, the provider can request and be granted privileges.

Having read all of the above, you may ask, "Well, what exactly is BUMED's guidance?"

BUMED's guidance would be to follow the policy, as written, and only grant privileges to those interns/residents who meet the Navy credentials/privileging standards, which include licensure (unless otherwise exempted) before the granting of the Medical Staff Appointment with clinical privileges.

**BOARDS RECOGNIZED  
BY THE AMERICAN  
OSTEOPATHIC  
ASSOCIATION**

CDR G. Irvine

American Osteopathic Board of:  
Anesthesiology  
Dermatology  
Emergency Medicine  
Family Physicians  
Internal Medicine  
Neurology and Psychiatry  
Nuclear Medicine  
OB/GYN  
Ophthalmology and  
Otorhinolaryngology  
Orthopedic Surgery  
Pathology  
Pediatrics  
Preventive Medicine  
Proctology  
Radiology  
Rehabilitation Medicine  
Special Proficiency in  
Osteopathic Manipulative  
Medicine  
Surgery

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## **NEW TENNESSEE VERIFICATION WEB SITE FOR DENTAL PSV**

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<http://www.state.tn.us/health/>

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## **CHANGE IN MANMED ARTICLE 15-6 CONDUCTING THE EXAMINATION**

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CDR G. Irvine

The Manual of the Medical Department (MANMED) was revised to update signature authority, for routine medical examinations, by non-physician providers.

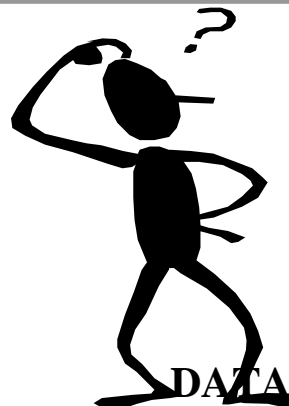
The new policy is the following, "Routine medical examinations will be performed and signed by Navy medical officers or other credentialed providers (such as physician assistants or nurse practitioners) so privileged for this function."

FYI: A revised BUMEDINST 6550.12, GUIDELINES FOR THE UTILIZATION OF PHYSICIAN ASSISTANTS, is completed and ready on BUMED's Web page for downloading.

I recommend each PAC download this instruction for future reference.

## **WHAT CONSTITUTES CURRENT COMPETENCY?**

Ms. S. Banning



**DATALINK**

The following question is frequently asked, "***What about physicians who are in an admin position and seldom see patients. They have a current license, but where can I find what the minimum requirements are for them to maintain current competence for renewal?***"

### **Medical Staff Responsibility**

Your Medical Staff determines what constitutes current competency located within the departmental specialty specific criteria, developed and approved by the command, and used in the appointment and reappointment process.

If your command is organized differently from departments, then "specialty" can be used, e.g., General Surgery, Internal Medicine, Emergency Room, etc.

Your Medical Staff determines the minimum data necessary to constitute current competency.

A physician, who sees only 1 or 2 patients a year, would not be as favorable as one who sees enough patients to justify current competency in their entire requested Core. This is especially true if your practitioner has more than one set of Core privileges.

If the practitioner has not seen enough patients, with the correct patient mix, to justify current competency, when the privileges expire, the practitioner must be placed under a Plan of Supervision

until competency is assessed, and a PAR completed.

If the practitioner is in a strictly admin billet, and will not be practicing in your facility, the practitioner may elect to not request privileges and allow the privileges to lapse. When and if the practitioner is assigned to a clinical billet again, at that time (since there is no current competency within the past 2 years), the practitioner will be placed under a Plan of Supervision (POS) until competency can be assessed and attested to in a PAR.

Do not complete PARs on administrative providers. PARs attest to "clinical" competency, not administrative competency.

## **BUMEDINST 6320.66B SECTION VI: WHAT GOES THERE?**

CDR G. Irvine

Section VI contains "other practice" information.

### ***What does that mean?***

Section VI contains all documentation addressing disciplinary actions, adverse actions or reportable misconduct, medical malpractice claims, and the NPDB queries, military or civilian.

### ***What exactly goes here and in what form?***

This section includes summaries or a synopsis of the following:

\_\_\_\_JAGMAN Investigations

\_\_\_\_Investigations into  
allegations of misconduct or  
substandard care

\_\_\_\_Malpractice claims

Summaries of JAGMAN  
Investigations or liability  
claims are included when a  
provider was a **principal party**  
in the given care. Do NOT place  
the whole JAGMAN in Section VI.

These summaries are included  
even where a practitioner's care  
is determined to be within the  
standard of care.

In the case of judicial or  
administrative adjudication  
place a description of the facts  
of the case, with the outcome,  
in the file.

### ***Who prepares the summary or synopsis?***

It is the responsibility of the  
Medical Staff to prepare the  
summary. The Medical Staff may  
elicit the assistance of their  
legal department, SJA, or local  
NLSO to assist them. It is the  
responsibility of the Medical  
Staff to complete and place the  
summary or synopsis in Section  
VI of the ICF.

Note: This is a high visibility  
item when the SG visits health  
care treatment commands.

## **PRIVILEGING NAVY COMMANDING OFFICERS**

Ms. S. Banning



The Officer in Charge, Naval  
Healthcare Support Office  
Jacksonville is the Privileging  
Authority for all Commanding  
Officers or those in the role of  
Privileging Authority for any  
Navy or Marine Corps Medical or  
Dental Treatment Facility. The  
Surgeon General has delegated  
this authority and the  
requirements for privileges are  
outlined in the BUMEDINST  
6320.66B. I would like to talk  
(write) to you about putting  
together the package you send to  
HSO Jacksonville for your CO's,  
etc.

Would you believe we once  
received only an Endorsement  
page on a CO? We didn't really,  
but I thought I would see if I  
could get your attention. We  
have received less than complete  
packages which costs time and  
energy on both our parts to get  
them finalized. To save this  
energy for more fun things, here  
is a checklist for your use in  
putting together the packages:

1. **APPLICATION** - make sure it is  
complete...all boxes or numbers  
checked/initialed and it's  
signed and dated.
2. **PPIS** - all questions answered,  
signed and dated and your  
command is identified on the  
PPIS.
3. **PRIVILEGE SHEETS** - a privilege  
sheet for EACH set of  
privileges requested. Insure  
that all supplementals are  
marked "Yes" or "No"  
appropriately. Make sure, if  
your CO is requesting any  
supplemental privileges, you  
include supporting  
documentation for the approval

of them. Don't fill in the "Approved on" date until you get the package back and know when the privileges were approved.

4. **PAR** - all clinical evaluations for the previous two years. Make sure comments are in the appropriate sections and if the CO is requesting any supplementals, they are addressed in Section XI. If your CO has only seen one or two patients in the two-year period, while doing mostly administrative duties as a healthcare executive, it will be very difficult to prove clinical competency. In those instances, most are placed under a Plan of Supervision (POS) until competency can be established.

5. **DEPARTMENTAL SPECIALTY SPECIFIC CRITERIA** - need this for each set of core privileges requested. For example: check to see if the criteria states 15 procedures must be done, then check to see if the PAR supports those numbers. If it states 50 hours of continuing education and the PAR states "0" - that won't work. There has to be **some** continuing education during the two-year appraisal period to be in compliance with JCAHO standards. This is usually met by medical or dental licensing requirements for CME.

6. **ECOMS MINUTES** - Send only that portion of the minutes discussing the CO's privilege request. You don't need to send the Credentials Committee minutes - ONLY the ECOMS minutes. If you want to send a memo signed by the ECOMS

chair stating the ECOMS met on such and such date and discussed the CO's privilege request and recommended approval, that will be sufficient.

7. **ENDORSEMENT SHEET** - Make sure there is a line for the Privileging Authority to sign and that all other signatures are in place. Don't put a name on the Privileging Authority signature line...that will be done here.

It usually takes about a week to review the file, prepare the correspondence and route for signatures here at HSO. That doesn't mean you can wait until a week before the privileges expire and send the package. A good rule of thumb is 30 days prior to privilege expiration; the file should already be **AT** HSO Jacksonville.

CCPD Jacksonville handles thousands of files and these files come and go continuously. Unless you identify your CO's file as one that needs to go to Commander Irvine or myself, there's a good chance it may wind up with the Reserve files and go through their screening process, which could take weeks:

### **Pacs...note the following.....**

Please initiate the following guidance when forwarding your CO's packages to us:

- (1) Make a complete, 100%, copy of your CO's ICF in case the forwarded copy should get lost in the mail.
- (2) Place the file in an envelope, mark it in **BOLD** print "**CDR IRVINE-CODE 00A**


**- ACTIVE DUTY COMMANDING  
OFFICER'S FILE - PLEASE  
FORWARD TO COMMANDER IRVINE  
OR S. BANNING"**

- (3) For safety, forward the ICF FedEx.
- (4) Place that envelope inside a regular mailing envelope.
- (5) Call CDR Irvine or me to "alert" us to watch for your CO's package.
- (6) Call us 3 days later to check to see if your package has arrived. If it has not, this will alert us to check with the CCPD to see if the ICF ended up there instead of with us.

Okay, that's it in a nutshell, of course, it is a coconut shell, but a nutshell nevertheless. Thanks for your time. S. Banning

**PHARMACY  
MALPRACTICE : ARE  
YOUR PHARMACISTS  
SAFE...TIPS FOR PEER  
REVIEW** CDR G. Irvine

We all know **Navy Pharmacists are THE BEST!** To maintain this high quality of care rendered by Navy Pharmacists, it is the responsibility of the PAC to guide your Medical Staff leaders to initiate appropriate performance improvement indicator monitors for peer review.

  
As of 3 Nov 1997, Pharmacists were granted licensed

independent practitioner (LIP) status. Concurrent with this LIP status, standards for clinical review changed from Position Descriptions (PD) and the usual written evaluations, to actual peer review per organizational and PI indicator monitors.

I attended a Legal Conference two weeks ago. S. C. Craig, an attorney discussed pharmacy malpractice. The following is from his presentation:

- According to a recent poll by the Gallup Organization, pharmacists are number 1...considered the trustworthiest professionals in America. Think about it, how often does the patient question the Pharmacist or ask for a second opinion?
- Misfills occur with alarming frequency; however, very few states require pharmacies to report misfills and most pharmacies will not reveal this information.
- Studies indicate the error rate at outpatient pharmacies from 1.5% to 9.8%...this means when 1.5 billion prescriptions are dispensed per year, 22 to 147 million prescription errors may occur each year.
- In civilian pharmacies, the Pharm Tech does not have the same education & training as the Pharmacist. Customers do not question the credentials of either the Pharmacist or the Pharm Tech, neither do they question what policies and procedures are in place to protect them.
- Mail order Pharmacies present a whole new potential problem. There is no personal

interaction, no opportunity to counsel, for the patient to ask questions. There is less opportunity for errors to be caught and corrected. Meds are filled in larger quantities; an error will have a larger impact.

- In certain states, Pharmacists can *prescribe* and dispense medications for diabetes and asthma.
- It is the Pharmacist who is educated and trained to recognize the appropriate medication, not the patient. Patients do not understand nor recognize the concept of generic medications and often do not question when the medication appears "different."

### **Pharmacist's Basic Duty**

A Pharmacist's basic duty is to inspect *each* prescription and confirm the drug prescribed is the one dispensed. This means:

- ❑ Review the physician's prescription;
- ❑ Confirm the medication dispensed is the same as prescribed; and,
- ❑ Make sure the label instructions on the bottle are correct *before* giving the medication to the patient.

### **PACS Responsibility**

There is already in place at your organization a Pharmacy & Therapeutics Committee with the responsibility for Drug Utilization Review (DUR). The DUR is specifically intended to improve the quality of the care provided to the patient, reduce the risk of injury to the patient, and optimize the

effects of drug therapy prescribed to the patient.

DUE is a "systems driven" event whereas if there is medical malpractice litigation, a verdict will impact upon the whole system to improve the system of dispensing medications.

Now, however, that Navy Pharmacists are LIPS, we have an added responsibility for individual peer review. Peer review is critical to improve the care an individual Pharmacist provides, but additionally it will eventually improve the organizations dispensing system by recognizing potential issues and correcting them before an adverse outcome occurs.

Each Pharmacist should be undergoing some level of individual peer review within your command. These results are not only entered into the PAR, but they are used by the Department Head to improve overall care given to your organization's customers and patients.

What may departmental specific criteria for peer review look like? Perhaps the following:

- ⇒ The Pharmacist must conduct a DUR process each time a new prescription or refill is given. This screening process will include the following:
  - Potential drug therapy duplication
  - Over/underutilization of the medication

- Drug-disease contraindications
- Drug-Drug interactions including any OTCs the patient is on
- Incorrect drug dosage
- Incorrect duration of treatment
- Drug-allergy interactions
- Drug-food interactions
- Clinical abuse or misuses

This type of screening provides a checklist for the pharmacist and Department Head to use to insure the medication will provide the optimum therapeutic benefit and not injure the patient. Additionally, it presents an excellent method to allow the Pharmacist to consult with, and evaluate and educate the patient prior to dispensing.

If only one departmental specific indicator is used to monitor current competency, the above should be used as a model.

I will not discuss Pharmacy Technicians because they do not come under the Medical Staff policies and procedures. However, if you have Pharmacy Technicians who are teaching and training your Pharmacists, or are taking on duties of your Pharmacist because the Pharmacist is unable to consult/educate patients, your command has a definite quality of care issue to resolve! This definitely would be a Medical Staff leadership issue to discuss and remedy before an untoward event occurred.

As PACS you need to be discussing, with your Medical Staff leaders, the appropriate

organizational and individual peer review indicator monitors are in place to maintain appropriate customer/patient medication outcomes.

Why is this so important? Consider the following case discussed by Mr. Smith: "A lady was prescribed Coumadin as a prophylactic measure after being treated for blood clots. Coumadin is a blood thinner which can be dangerous if taken in too high a dosage. The patient was to take four 1-mg tablets at bedtime. Unfortunately, her pharmacist filled her prescription with 5-mg tablets. Thus, she was taking 20 mg of the medication instead of 4 mg. She suffered a subdural hematoma or brain bleed as a result of this overdose."

If you have any questions regarding Pharmacists peer review, please contact me.

## **FIRST SURGICAL ASSISTANT DUTIES:**

**To privilege or not to  
privilege...ah...that is the question**

CDR G. Irvine

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What is a PAC to do?

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The question is does the first assistant in the O.R. require privileges?

- (1) In the Navy, the surgeon is always the responsible individual in the case.
- (2) It is the surgeon who decides the necessity of a first assistant in the case, and at what level the first assistant will function.
- (3) For all major cases, the first assistant will always be another surgeon with privileges, so the question becomes moot.
- (4) For all other cases, who the first assistant is varies between surgeons and institutions. Scrub techs, nurses, other primary care physicians, etc., can function as first assistant.
- (5) Remember that it is up to the surgeon on the case, who functions as first assistant, and what those duties are.
- (6) If the first assistant is to be another physician, he/she should be covered already for whatever he/she does, e.g., tie knots, retract, spray betadine, etc. In these cases, the first assistant is not making any judgment calls, and the surgeon is responsible for the total care of the patient.

For further questions, please contact me.

**EVER WONDER WHERE THAT  
NEW ACCESSION FILE IS?**

Not all new accession files come from BUMED MED-52 or the Navy School of Health Sciences (NSHS). Ms. J. D'Alessandro, NH Yokosuka, discussed this issue with CAPT Quisenberry, Director Officer Personnel Management Division, MED-52. What follows is CAPT Quisenberry's guidance for obtaining credentials files:

- ❖ Members of Medical Corps Navy Active Duty Delay Specialists (NADDS) and Navy-sponsored programs are sent a letter from the student accessions branch, NSHS-Bethesda, 6-7 months prior to the program completion. The letter addresses the need specific training, BLS/ACLS/ATLS. It explains the licensure issue and requests four specific documents for credentialing. It informs the member that "after" receipt of the information, the NSHS staff will compile your ICF and forward it to your first permanent duty station after NSHS receives a copy of your orders. Nothing is forwarded until orders are received. The NSHS POC is Vera Gordon at (301) 319-4118.
- ❖ Graduate nurses do not have credentials files started. The PAC will have to begin building their credentials file upon their arrival at the gaining command. CAPT Quisenberry recommends the PAC develop a standard letter as part of the command's welcome aboard package, and forward to each new arrival, detailing the licenses, certifications, etc., the PAC requires.

- ❖ HPSP graduates from the Medical Corps, Dental Corps, and MSC do not have a credentials package started before graduation. Recommendation from previous bullet applies here as well.
- ❖ CAPT Quisenberry consulted with Ms. Mary Walker, NNMC-Bethesda, Professional Affairs, specific to their credentials procedures for new accessions. She states upon receipt of orders they send a package to the member. The packages differ according to the privileges required for the specific provider. The contents of the package specify documents required to be sent to Bethesda, starting the process before the member arrives. The package is sent CERTIFIED MAIL WITH RETURN RECEIPT REQUESTED so Bethesda has documentation the member received the package. Ms. Walker states they have standard packages developed for all types of accessions. For further questions regarding NNMC Bethesda's packages, please contact Ms. M. Walker at (301) 295-2737, DSN 295-2737, email is [MLWalker@bth12.med.navy.mil](mailto:MLWalker@bth12.med.navy.mil).
- ❖ For direct accessions from the work force (already practicing before they join the Navy), MED-52 generates pieces for the credentials files and forwards them to the command when they have received orders. These are the only packages that come from this code.

### Answer

- ⇒ This practitioner is TAD to essentially do peer review on the sole IM physician.
- ⇒ In order to complete peer review on another provider's clinical competency, the reviewing physician must meet the Navy standard and have privileges granted allowing the physician to use his/her clinical judgment that accompanies clinical skills, to determine if the physician reviewed meets the standard of care set by the Medical/Dental staff.
- ⇒ Since this physician is TAD to your facility, you need a CTB from the sending command, and then use the Appendix Q process allowing this TAD physician to "exercise" privileges granted at the sending command, at your command for the peer review.

## FREQUENTLY ASKED QUESTION (FAQ)—

Our command has a visiting Internal Medicine physician. His purpose is to give a series of lectures and review the care provided by the

## PRIMARY SOURCE VERIFICATION (PSV): A PRIMER

CDR Irvine

**DATALINK**

A *primary source* is the original source, of a specific credential, verifying the accuracy of a qualification reported by an individual health care provider.

Primary source verification is the act of obtaining information directly from the originating source. Copies of diplomas, certifications, license, etc., are not PSV. PSV is the "act" of verifying these documents with the originating source.

PSV for licensure, specific education & training, experience, current competency, etc., can be performed in a variety of ways...telephone, in writing, Internet Web page. For our ships at sea and isolated duty stations, I do not think carrier pigeon is a viable method!

PSV information should contain the following data:

- a. Date of PSV;
- b. Name of person making the call;
- c. Name of person contacted;
- d. Title of person contacted;
- e. Telephone number of person contacted;
- f. Name of agency/institution contacted;
- g. Information provided;
- h. Specific for  
licenses/certifications/regis-  
trations: Current status-  
Active, inactive, Military  
Exempt, etc.; Standing (Any  
licensure sanctions-  
restrictions or penalties);

expiration date; issue date (if appropriate); additional information if the license is not in good standing.

- i. In addition to the above with the Military Exempt license, you need to check to see if the license accrues (gathers) quality assurance (QA) data (malpractice claims, adverse privileging actions, civil/criminal issues, etc.). This must be asked because the person contacted will not include this in the PSV information unless asked. A Military Exempt license is not considered valid unless it accrues QA data.
- j. Any additional relevant information.

If the Web page information does not contain the above, you will need to personally contact the originating agency/institution to complete your PSV. For example: If you use the Web page to PSV an inactive license, and the Web page does not address the "standing" of the license, your PSV is incomplete and is not in accordance with Navy standard. You must contact the agency and obtain this information.

*What about the verification of current competence?*

*I am glad you asked.*

Verifying current competence means determining the provider's current ability to perform the Core set or supplemental requested privileges. Current competence is defined as having done the procedure, etc., enough

times to assure the performance of tasks correctly and skillfully within the past two (2) years.

Letters from providers personally acquainted with the applicant's professional and clinical performance provide the verification.

The following are appropriate contents of an acceptable competency verification letter:

- (1) Actual clinical performance in general terms, e.g., within standard, outside standard of care, no untoward outcomes, etc.
- (2) Types of operative procedures performed and number over past 2 years.
- (3) Management of routine and complicated deliveries, and number of each over past 2 years (if applicable).
- (4) Skill demonstrated in performing invasive procedures, including appropriateness and outcome information.
- (5) Types and numbers of outcomes of medical conditions managed over the past 2 years.
- (6) Clinical judgment and technical skills.
- (7) Satisfactory performance of professional obligations as a Medical Staff member.

This verification of competency must be from a peer...not his/her mother, friend, or grocer. A peer is from the same professional discipline as the applicant. The peer of a dietitian is a dietitian, a pharmacist is another

pharmacist, dentists to dentists, physicians to physicians, etc. A DO can be the peer of a MD. A MD can be a peer to the DO, except for osteopathic-specific issues such as manipulation.

Should you have specific questions, or a particular case in mind, please contact me to discuss the issues involved.

### **A PACS REQUEST: FORWARDING OF THE CREDENTIALS FILE**

When a health care provider transfers, the ICF/IPF should reach the gaining command before the provider does. This does not always happen. Sometimes our Medical Staff leadership takes plenty of time to complete the Transfer PAR, route it through your organization, get it signed, and placed in the ICF.

#### **What's a PAC to do?**

First and foremost, communicate with the gaining command PAC. Tell the PAC the problem(s) you are having getting the ICF/IPF in the mail.

Ask the gaining command PAC, what documents would he/she like to start the credentials process at their command? **Hint...** it is not, forward a copy of the whole ICF/IPF. This is a waste of resources.

So what can you, as the sending command, forward? An updated CTB or copies of relevant

documents the gaining PAC requests to assist him/her in starting the credentials process at their command.

The gaining command PAC can also forward the CCQAS 1.5 data file to the gaining PAC via email or diskette. If you do not know how to do this, contact Don at DSN 942-7200 ext 8158.

You can also start the PAR process early for those transferring providers, and remind the Medical Staff to complete the PAR within a certain timeframe you set.

Due to different factors, there will be times when the credentials file will not be ready to transfer when the provider detaches.

Again...communicate with the gaining command PAC to lessen the negative impact upon the gaining command and the provider when he/she arrives.

If you have any additional suggestions, please let me know and I will forward these to our PAC community of professionals.

**THANK YOU NAVY PACS**

Sandy and I wish to thank everyone within our PAC family who attended the recent PAC Conference.

We have quite a wealth of experience located within our PAC community. Our PAC speakers were excellent...highly informative (and entertaining), very knowledgeable (subject

matter experts), truly accomplished in their presentations.

It was a pleasure to meet again our experienced PACS, and to get acquainted with our new Navy PACS. It was fun matching the voice with a face!

We would like to extend a special "Thanks" to all of our experienced PACs who assisted our new PAC professionals with credentials/privileging questions during the conference.

All of you made the Conference quite an enjoyable experience. Sandy and I are blessed to work with such a group of professionals...Thank you one and all.